MAXIMUS Federal Services

Case Number:	CM14-0181250		
Date Assigned:	11/06/2014	Date of Injury:	02/13/2010
Decision Date:	12/22/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 13, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated October 1, 2014, the claims administrator partially approved a request for Prilosec, approved Neurontin, and denied Norco.The applicant's attorney subsequently appealed.In a September 29, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was pending epidural steroid injection therapy, it was acknowledged. 8/10 pain was reported. It was stated that the applicant's pain medications, when he was able to take them, were controlling his pain "a bit." The applicant was somewhat depressed and having issues with sleep disturbance, it was further noted. The applicant reported 9/10 pain without medications versus 4-5/10 pain with medications. The attending provider stated that the applicant's medications were allowing him to function more fully but did not elaborate or expound upon the same. The applicant was using Norco and Prilosec. The attending provider noted that the applicant's pain complaints were, however, impacting his ability to work, concentrate, sleep, and function. It was stated that the applicant had previously received amoxicillin and Biaxin in February 2014 for an unspecified stomach illness.On July 28, 2014, the applicant again reported ongoing complaints of low back pain, neck pain, headaches, 8/10. The attending provider again noted in one section of the note that the applicant's medications were beneficial while then reporting, somewhat incongruously, that the applicant's pain complaints were impacting his ability to work, concentrate, sleep, and function. The applicant still had on and off issues with occasional heartburn and stomach pain, it was stated, despite having completed triple therapy for

a presumed ulcer in February 2014. The applicant's medication list included Norco and Prilosec, it was acknowledged. Norco was renewed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg, #30 with 2 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant appears to have stand-alone dyspepsia and/or a history of peptic ulcer disease with residual symptoms of heartburn. Ongoing usage of Prilosec is indicated to combat the same. Therefore, the request is medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. While the attending provider has reported some reduction in pain scores with ongoing medication consumption, the attending provider has failed to outline any material improvements in function achieved as a result of the same. The applicant is having difficulty performing a variety of activities of daily living, including work, concentrating, sleeping, etc., the attending provider had acknowledged on several occasions, referenced above. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.